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FACSIMILE COVER LETTER

Facsimile Number: 703-872-9306

To: Examiner: M. Filipczyk
Group Art Unit 2171, USPTO

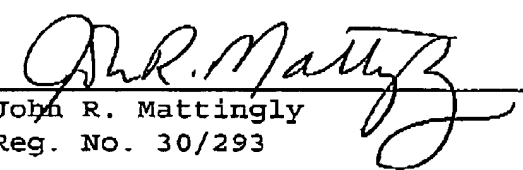
From: Mr. John R. Mattingly
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN: 10/073,903
Attorney Docket No.: H-1024

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

AMENDMENT TRANSMITTAL; and
AMENDMENT.
John R. Mattingly
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FORM PTO-1083

PATENT

Case Docket No. H-1024

In RE application of A. KOIZUMI et al

Serial No.: 10/073,903

Group Art Unit: 2171

Filed: February 14, 2002

Examiner: M. Filipczyk

For: METHOD OF INTERPRETATION SERVICE FOR
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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 4	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

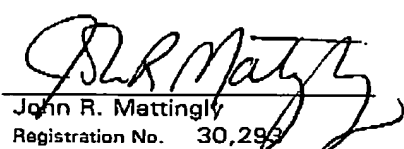
- If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- .. If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
- ... If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ is attached in payment of: _____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: February 3, 2005

By:


 John R. Mattingly
 Registration No. 30,293
 Attorney for Applicant(s)

H-1024

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

A. KOIZUMI et al

Serial No. 10/073,903

Group Art Unit: 2171

Filed: February 14, 2002

Examiner: M. Filipczyk

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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 3, 2004,
please amend the above-identified application as follows.